

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Continuation of Provisional Affiliation of
the Dental College for the Academic year**

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report)

Name of College Inspected: _____

University inspection order No: _____ Dated: _____

No. of Seats applied for:

Sl.no	Course	No. of Seats	No. of Units	Course Commence ment year	Permanent recognition GOI order No. and date (attach copies)
1	BDS				
2	MDS Conservative Dentistry and Endodontics				
3	MDS Oral Pathology and Microbiology				
4	MDS Oral and Maxillofacial Surgery				
5	MDS Pedodontics and Preventive Dentistry				
6	MDS Periodontology				
7	MDS Prosthodontics and Crown and Bridge				
8	MDS Orthodontics and Dentofacial Orthopaedics				
9	MDS Oral Medicine and Radiology				
10	MDS Public Health Dentistry				

Date of Inspection : _____

Date of Last KUHS Affiliation Inspection (if any): _____

Details of undertakings furnished to university after the last affiliation inspection if any.
(Attach copies)

Name and Address of Inspectors

1. _____

2. _____

I. SCRUTINY OF REQUISITE PERMISSIONS

Name of Principal : _____

Contact Number and e-mail address : _____

Approval of Principal Appointment KUHS Order No. : _____

Name & Address of the Dental College : _____

Email Address for Correspondence : _____

Telephone & Fax No. : _____

Status of the Institution : Govt. /Self financing

Year of Establishment : _____

Signature of Inspectors:

II. HOSPITAL: Requirement of the 100 bedded general hospital for teaching BDS students drawn up in accordance with the parameters prescribed by the Bureau of Indian Standards

Own Hospital Medical College Govt. General Hospital

Whether the permission of the attached 100 bedded hospital : Yes / No
is issued by the competent authority?

Name and Full Address of Hospital:

Distance of the hospital from the Dental College : _____
by Road (*Maximum 10 Kms - please clarify as to whether
you have physically verified/taking the reading of Taxi/Car
Meter*)

Number of Beds : **Total:** _____

Man Power Requirement:

Medical Staff

Department	Required	Available
General Surgery	2	
General Medicine	2	
Obstetrics & Gynaecology	2	
ENT	2	
Paediatrics	2	
Anaesthesia	2	
Orthopaedics	2	
Pharmacologist	1	
Radiologist	1	
GDMO	1	
Community Medicine	1	
Hospital Administration	1	

**CLINICAL MATERIAL to be checked at the end of the OPD:
(O.P Register to be checked)**

ATTACHED HOSPITAL : During Inspection: _____
Attendances Average (Last 6 months): _____

DENTAL COLLEGE O.P : During Inspection: _____
Attendances Average (Last 6 months): _____

*Minimum requirement of new patient's per day is 75-100 for 50 admissions & 100-150 for 100 admissions in Dental College O.P.
Attach copies of relevant pages of O.P register on the day of inspection duly attested by the Principal.

SATELLITE CLINICS : No. of Satellite clinics with location _____

Attendances During Inspection: _____
Average (Last 6 months): _____

Signature of Inspectors :

III. DENTAL TEACHING STAFF

Instructions to inspectors for faculty verification

1. In **Departments offering MDS course** the teaching staff pattern should be in accordance with MDS 2017 regulations of DCI, i.e
 - (i) In colleges with 50 BDS admissions for Ist unit of MDS in departments of (a) Prosthodontics and Conservative Dentistry 1 Prof.;3 Readers / Assoc. Professors;4Lecturers/ Asst. professors. (b) All other Dental Specialties, 1 Prof.; 2 Readers / Assoc. Professors; 2 Lecturers/ Asst. professors.
 - (ii) In Colleges with 100 BDS Admissions for Ist unit of MDS in departments of (a) Prosthodontics and Conservative Dentistry, 1 Prof.;3 readers / Assoc. Professors;6 Lecturers/ Asst. professors. (b) Periodontics & OMFS, 1 Prof.; 3 readers / Assoc. Professors; 3 Lecturers/ Asst. professors. (c) In all other Dental Specialties, 1 Prof.; 2 Readers / Assoc. Professors; 3 Lecturers/ Asst. professors.
 - (iii) For second unit in the specialty there should be 1prof.;1 reader/ Assoc. professor;2 Lecturer/ Asst. prof. over and above the requirement of Ist unit
2. In **Departments not offering MDS course** the teaching staff pattern should be in accordance with revised BDS 2007 regulations of DCI/revised BDS 2022 regulations of KUHS
3. **Qualification and teaching experience for each post as prescribed in DCI MDS 2017 regulation**
4. **Maximum age limit for Dental Faculty 65 years**
5. **Part time faculty not accepted.**
6. **The Attendance of faculty to be verified with biometric punching of DCI/ Govt. of Kerala.**
7. **Details of KUHS evaluation camp duty to be verified with duty certificate issued by KUHS.**
8. **In case of faculty on leave on the date of inspection, Copy of leave letter authorized by Principal to be attached.**
9. **In the column for signature of faculty, if faculty is on leave, Specify whether the leave letter authorized by principal is attached or not.**
10. **Each page of the data sheet of faculty in the proforma to be signed by the Principal/ Head of institution and stamped with official seal.**
11. **Copy of previous three years Form 16 downloaded from IT dept. of each reader and Professor to be verified and attached.**
12. **Copy of the latest Form 16 downloaded from IT dept. of each Asst. professor to be verified and attached.**
13. **Bar code of KUHS Faculty ID card issued by KUHS to be scanned to ensure the faculty registration with the institution**

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	*Present during Inspection. (If present faculty to put full signature here)
1.	PRINCIPAL With specialty				Yes/No				Yes/No/Leave*

PROSTHODONTICS AND CROWN & BRIDGE

*If the teaching staff on leave, specify whether copy of the sanctioned leave certificate is attached

** The valuation camp details of Jan/Feb and Jul/August examinations just preceding the inspection only be considered

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	**No. of answer paper evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

CONSERVATIVE DENTISTRY & ENDODONTICS

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

Signature of Principal

ORAL PATHOLOGY AND ORAL MICROBIOLOGY

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

ORAL & MAXILOFACIAL SURGERY

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

Signature of Principal

PERIODONTICS

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

Signature of Principal

PAEDIATRIC & PREVENTIVE DENTISTRY

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

ORAL MEDICINE & RADIOLOGY

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

Signature of Principal

PUBLIC HEALTH DENTISTRY

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copies of Form 16 downloaded from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	PROFESSOR				Yes/No					Yes/No/Leave*
1.	READER				Yes/No					Yes/No/Leave*

Signature of Principal

LECTURERS/TUTORS**Lecturers MDS (25%)**

: _____

Tutors BDS (75%): _____

S. No.	MDS with speciality/BDS	Faculty Name	DOB	KUHS Faculty ID number	Total Service college wise in all the previous Institutes	DOJ & Experience in present institute	Total Experience as on date of inspection	Copies of Form 16 downloaded from IT dept. submitted	*Present during Inspection. (If present faculty to put full signature here)
1.									Yes/No/Leave*
2.									Yes/No/Leave*
3.									Yes/No/Leave*
4.									Yes/No/Leave*
5.									Yes/No/Leave*
6.									Yes/No/Leave*
7.									Yes/No/Leave*
8.									Yes/No/Leave*
9.									Yes/No/Leave*
10.									Yes/No/Leave*

Signature of the Principal

IV. MEDICAL TEACHING STAFF

Instructions to inspectors for faculty verification

- 1) **Minimum Qualifications for Teachers in Medical Institutions as per MCI Regulations, 1998 (AMENDED UPTO 8th JUNE, 2017)**
 - a) **Reader/ Assoc. Prof.- 5years post PG teaching experience in the specialty**
 - b) **Asst. Prof.- Post Graduate degree in the specialty**
- 2) **The Attendance of faculty to be verified with biometric punching of DCI/MCI/ Govt. of Kerala.**
- 3) **Maximum age limit of Medical faculty is 70 years**
- 4) **Details of KUHS evaluation camp duty to be verified with duty certificate issued by KUHS.**
- 5) **In case of faculty on leave on the date of inspection, Copy of leave letter authorized by Principal be attached.**
- 6) **In the column for signature of faculty, if faculty is on leave, Specify whether the leave letter authorized by principal is attached or not.**
- 7) **Each page of the data sheet of faculty in the proforma to be signed by the Principal/ Head of institution and stamped with official seal.**
- 8) **Copy of previous three years Form 16 downloaded from IT dept. of each reader and Professor to be verified and attached.**
- 9) **Copy of the latest Form 16 downloaded from IT dept. of each Asst. professor to be verified and attached.**

ANATOMY

S. No.	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer paper evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

Signature of the Principal

PHYSIOLOGY

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

BIOCHEMISTRY

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer paper evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

Signature of the Principal

PHARMACOLOGY

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

GENERAL PATHOLOGY

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer papers evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

Signature of the Principal

MICROBIOLOGY

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer paper evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

GENERAL MEDICINE

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer paper evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

Signature of the Principal

GENERAL SURGERY

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer paper evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

ANESTHESIA

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	No. of answer paper evaluated at KUHS Remote Digital Evaluation Camp (RDEC)	*Present during Inspection. (If present faculty to put full signature here)
1	READER/ Assoc. Prof.				Yes/No					Yes/No/Leave*
1	Asst. Prof./ Lecturer				Yes/No					Yes/No/Leave*

Signature of the Principal

**MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 50 ADMISSIONS
(As per DCI Regulations 2014)**

Department	Professor-6*			Reader-11			Lecturer (MDS)-8			Tutor-22		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
Prosthodontics	1			2			2			4		
Conservative Dentistry	1			2			2			4		
Oral Pathology & Microbiology	1			1			1			2		
Oral & Maxillofacial Surgery	1			1			2			4		
Periodontics	1			1			0			2		
Pedodontics				1			0			1		
Public Health Dentistry				1			0			3		
Oral Medicine & Radiology and diagnosis				1			1			1		
Orthodontics	1			1			0			1		
Total	6*			11			8			22		

* Includes the Principal who can head any one of the six specialties.

MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 100 ADMISSIONS
(As per DCI Regulations 2014)

Department	Professor-6*			Reader-13			Lecturer (MDS) -10			Tutor-30		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
Prosthodontics	1			2			2			4		
Conservative Dentistry	1			2			2			4		
Oral Pathology & Microbiology	1			1			2			4		
Oral & Maxillofacial Surgery	1			2			1			4		
Periodontics	1			2			0			3		
Pedodontics				1			0			3		
Public Health Dentistry				1			1			2		
Oral Medicine & Radiology and diagnosis				1			1			3		
Orthodontics	1			1			1			3		
Total	6*			13			10			30		

* Includes the Principal who can head any one of the six specialties.

Medical Teaching Staff in a Dental College Minimum Qualifications for
Teachers in Medical Institutions Regulations latest MCI norms

Year	Subjects	Intake and Designation					
		50 Admissions			100 Admissions		
		Prof	Reader/ Assoc.	Asst. prof.	Prof	Reader/ Assoc.	Asst. prof
I	Anatomy	-	1	2	-	1	4
I	Physiology	-	1	2	-	1	2
I	Biochemistry	-	1	2	-	1	2
II	Pharmacology	-	1	2	-	1	3
II	General Pathology	-	1	2	-	1	2
II	Microbiology	-	1	2	-	1	2
III	General Medicine	-	1	2	-	1	3
III	General Surgery	-	1	2	-	1	3
III	Anaesthesia	-	1	1	-	1	1
	TOTAL		9	17		9	22

V. Other Staff available

Administrative Officer
 Secretary to Dean
 Public Relation officer
 ..
 ..
 ..

Designation	Receptionist	Establishment	Accounts	Admissions	Exams	Stores	Library	Maintenance	Security	Illustration	Clinical Depts.	Computer Laboratories	Sports	Total
Managers/ Office Supdt.														
Assistants														
Receptionist														
Librarian														
D.S.A.(Chair side Attendant)														
Dent. Tech.(Dental Mechanic)														
Dent. Hygst. Radiographer														
Photographer														
Artist														
Programmer														
Data Entry Operators														
Physical Director														
Engineer														
Electricians														
Plumber														
Carpenter														
Mason														
A.C. Tech.														
Helpers Electrical														
Sweepers & Scavangers														
Attenders														
Security Personal														
Dept. Secretaries														
Driver														

Signature of Principal

OTHER STAFF PATTERN FOR 50 ADMISSIONS

Administrative Officer 1
 Secretary to Dean 1
 Public Relation officer 1

Designation	Receptionist	Establishment	Accounts	Admissions	Exams	Stores	Library	Maintenance	Security	Illustration	Clinical Depts.	Computer	Laboratories	Sports	Total
Managers/ Office Suptd.		1	1						1			1			4
Assistants		1	1	1	1	1	2	1							8
Receptionist	8														8
Librarian							1								1
D.S.A.(Chair side Attendant)											10				10
Dent. Tech. (Dental Mechanic)											6				6
Dent. Hygst.											3				3
Radiographer											2				2
Photographer										1					1
Artist										1					1
Programmer												1			1
Data Entry Operators												1			1
Physical Director														1	1
Engineer								1							1
Electricians								2							2
Plumber								1							1
Carpenter								1							1
Mason								1							1
A.C. Tech.								1							1
Helpers Electrical								1							1
Sweepers & Scavengers							2	2			3		3		10
Attenders	2	1	1		1	1	1	2			4	1	4		18
Security Personal									5						5
Dept. Secretaries											4				4
Driver									4						4
Nurses											3				3
Lab. Technicians													3		3

Note:

The above staff pattern indicates minimum requirements for the stipulated admissions. However, the actual staff requirements may marginally vary depending upon the patients' flow, work culture and design of the building.

OTHER STAFF PATTERN FOR 100 ADMISSIONS

Administrative Officer 1
 Secretary to Dean 1
 Public Relation officer 1

Designation	Receptionist	Establishment	Accounts	Admissions	Exams	Stores	Library	Maintenance	Security	Illustration	Clinical Depts.	Computer Laboratories	Sports	Total
Managers / Office Supdt.	1	1	1		1	1			1			1		7
Assistants		2	2	2	1	1	4	1						13
Receptionist	14													14
Librarian							1							1
D.S.A.(Chair side Attendant)											20			20
Dent. Tech.(Dental Mechanic)											10			10
Dent. Hygst.											5			5
Radiographer											3			3
Photographer										1				1
Artist										1				1
Programmer												1		1
Data Entry Operators												2		2
Physical Director													1	1
Engineer								1						1
Electricians								4						4
Plumber								2						2
Carpenter								1						1
Mason								1						1
A.C. Tech.								1						1
Helpers Electrical								3						3
Sweepers & Scavengers							2	4			5		6	17
Attenders	3	1	1		1	2	2	3			5	1	6	25
Security Personal									6					6
Dept. Secretaries											8			8
Driver														2

(The list of faculties along with salary aquittance roll for the last one year should be attached along with the inspection report)

Staff available in the Library : _____

E Journals Availability (List to be attached):

Books – Current Edition Available(List to be attached):

IX. DENTAL CHAIRS / UNITS

Total Dental Chairs Installed with all the attachments thereon : _____
(Required: 100 for 50 & 200 for 100 admissions)

Whether all the chairs and units are functioning and electrically operated? : Yes / No

Number of Dental Chairs Electrically Operated : _____

Number of Dental Chairs Non-Electrically Operated : _____

X. MAJOR EQUIPMENTS & MATERIALS

Whether all major equipments are available as per DCI BDS & MDS requirements in all departments*	Yes/No
Attach list of available equipments as annexure	
Whether materials & instruments are available as per DCI requirement in all departments*	Yes/No

**inspectors to physically verify the same with stock register*

XI. CONSTRUCTED AREA

DENTAL COLLEGE BUILDING

Whether constructed area is adequate as per DCI norms				Yes/No	
<i>Total Constructed Area Required: 30,000 Sq.ft for 50 admissions & 60,000 Sq.ft. for 100 admissions besides the area for MDS course</i>					
Whether staff quarters available within the campus				Yes/No	
Whether Separate Boys hostel facility available within the campus				Yes/No	
Whether Separate Girls hostel facility available within the campus				Yes/No	
Dwelling	Single room	Double room	Triple room	% of Accommodation against total strength	No of in house messes
Boys					
Girls					

XII. INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS For BDS course

Infrastructure	Requirement for 50 admissions	Requirement for 100 admissions	Availability
Administrative block	2000 sq. ft.	3000 sq. ft.	
Library	4500 sq. ft.	8000 sq. ft.	
Lecture Halls – 4	3200 sq. ft.	6400 sq. ft.	

Central Stores	400 sq. ft.	800 sq. ft.	
Maintenance room	600 sq. ft.	1000 sq. ft.	
Photography and artist room	250 sq. ft.	400 sq. ft.	
Medical Stores	250 sq. ft.	300 sq. ft.	
Amenities area	2000 sq. ft.	3200 sq. ft.	
Compressor and room for gas plant	200 sq. ft.	300 sq. ft.	
Cafeteria	800 sq. ft.	1500 sq. ft.	
Examination hall	1800 sq. ft.	3600 sq. ft.	
Auditorium	Min 400 seat	Min 500 seat	
Laboratories (Dental Subjects)			
Pre-clinical Prosthodontics and dental material lab	1500 sq. ft.	3000 sq. ft.	
Pre-clinical conservative lab	1300 sq. ft.	2500 sq. ft.	
Oral biology and oral pathology lab	1300 sq. ft.	2500 sq. ft.	
Laboratory for orthodontics and Pedodontics	800 sq. ft.	1500 sq. ft.	
Laboratories (Medical Subjects)			
(only for independent dental colleges)	4500 sq. ft.	7500 sq. ft.	
Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc.	1500 sq. ft.	2500 sq. ft.	
One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it.	1500 sq. ft.	2500 sq. ft.	
Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects	1500 sq. ft.	2500 sq. ft.	
Laboratories (Clinical)			
Prosthodontics	1300 sq. ft.	2500 sq. ft.	
Conservative Dentistry	300 sq. ft.	600 sq. ft.	
Oral pathology for histopathology	400 sq. ft.	600 sq. ft.	
Haematology and clinical biochemistry	200 sq. ft.	300 sq. ft.	

XIII. A copy each of the audited balance sheet (By Chartered Accountants) of the Trust/Society is to be furnished.

XIV. Whether the following bodies have been constituted and functioning as

per the direction of the University

a) College Council

Yes/No

b) College Union

Yes/No

c) PTA

Yes/No

d) Students Support and Guidance Cell

Yes/No

e) Academic Monitoring Cell

Yes/No

f) Anti Ragging Committee

Yes/No

g) Register for condonation of shortage of attendance Yes/No

The minutes book should be verified and signed by the inspectors and the relevant pages of the minutes book should be attached with inspection report

XV. Details of examination related duties undertaken by faculty of college.

Name of faculty & details of duty undertaken in the Jan/Feb & Jun/July examinations just preceding the current inspection to be attached for the following;-

- a) University practical convener: (name of faculty, examination & subject)**
- b) centralized evaluation camp chairperson (at KUHS Headquarters) (name of faculty, examination & subject)**
- c) Zonal Evaluation camp chairperson: (name of faculty, examination & subject)**
- d) Theory evaluation duties, with name of faculty, examination, subject & number of bundles evaluated.**
- e) Practical external examinership: (name of faculty, examination, subject, exam center)**

Check list for the Inspectors:

1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors.</u>	Yes	No
2.	Has the State Government essentiality certificate and NOC been checked and found in order? (Copies to be attached as Annexure)	Yes	No
3.	Has the GOI Permission letter and Recognition letter from DCI verified (Copies to be attached as Annexure)	Yes	No
4.	Has the details of trust, land and infrastructure documents etc. checked and found in order(Copies to be attached as Annexure)	Yes	No
5.	Have you checked the Weekly Time Table programme for the entire last academic year? (attach copy)	Yes	No
6.	Is the attached hospital (100 bedded) located within 10 kms from the Dental College and the teachers are posted as per MCI norms?	Yes	No
7.	Has the Hospital obtained sanction from the competent authority of the state? (Copies to be attached as Annexure)	Yes	No
8.	Has the Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months verified? (Copies to be attached as Annexure)	Yes	No
9.	Have the Dental and Medical faculty been checked for the following? (a) Appointment:- The appointment of faculty in private dental colleges should be made through proper selection committee (as per Dental Council of India (Miscellaneous) Regulations 2007, The Gazette of India Part III Section (IV) page 3 serial No. 8 (Copies to be attached as Annexure)	Yes	No
	(b) Teaching Experience	Yes	No
	(c) Relieving certificates from previous Institution (Copies to be attached as Annexure)	Yes	No
	(d) Proof of KUHS evaluation duty, KUHS ID etc.	Yes	No
	(e) Proof of Residence(Copies to be attached as Annexure)	Yes	No
10.	Have you checked clinical material <u>(to be checked at the end of the OPD)</u> and patient inflow in the Dental hospital as per norms? (given in the inspection proforma) (Copies to be attached as Annexure)	Yes	No
11.	Have you checked the Library for Journals/Books other facilities? (List to be attached as Annexure)	Yes	No
12.	Have you verified the list of equipment as per DCI norms and found adequate. (List to be attached as Annexure)	Yes	No
13.	Whether any case of ragging has been reported in the Institution during the last one year, if yes, action taken thereon.	Yes	No
14.	Whether the College fulfills all the requirements of faculty, to conduct the recognised BDS and MDS Courses.	Yes	No
15.	Whether the College fulfills all the requirements of infrastructure and Hospital required to conduct the recognised BDS and MDS Courses.	Yes	No
16.	Have interacted with the BDS & MDS students and the report appended	Yes	No

We hereby declare that all the documents regarding Building / Essentiality Certificate/University Affiliation/100 Bedded General Hospital / Teaching Staff etc have been physically verified by us and the confidentiality of the inspection report will be maintained.

Signature of Inspector 1

Place

Date

Signature of Inspector 2

Place

Date

Comments of Inspectors

1	Faculty	
2	No. of Patients	
3	Building & Infrastructure	
4	Equipments/Labs	
5	Feedback from students	
6	Any additional comments	

Signature of Inspector 1

Signature of Inspector 2